



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING

NEW CASTLE COUNTY (302)892-5800

TIME: 6:15 P.M. TO 7:15 P.M.



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: [http://kids.delaware.gov/pdfs/occl\\_administration\\_of\\_meds\\_2005.pdf](http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf)

The test will be conducted and monitored by a Registered Nurse who will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Current Photo ID is required to attend the session.**

There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date. A new registration slip and money order is required if you fail to attend or if you reschedule your test.

NEW CASTLE COUNTY TESTING LOCATION →

CONCORD PLAZA – HAGLEY BUILDING  
3411 SILVERSIDE ROAD  
WILMINGTON, DELAWARE 19810

Monday, January 9, 2017	Monday, February 13, 2017 Monday, February 22, 2017	Monday, March 13, 2017
Monday, April 10, 2017 Monday, April 24, 2017	Monday, May 8, 2017	Monday, June 12, 2017 Monday, June 24, 2017
Monday, July 10, 2017	Monday, August 7, 2017 Monday, August 21, 2017	Monday, September 11, 2017
Monday, October 9, 2017 Monday, October 23, 2017	Monday, November 13, 2017	Monday, December 11, 2017

REGISTRATION SLIP FOR NEW CASTLE COUNTY – **PLEASE PRINT LEGIBLY**

NAME: (PRINT LEGIBLY)	YOUR PHONE #:	DOB:
YOUR EMAIL ADDRESS:		
STREET ADDRESS:	CITY/STATE/ZIP:	
NAME OF CENTER AS IT APPEARS ON THE LICENSE (IF APPLICABLE):	CENTER PHONE #:	
TESTING DATE: 1 <sup>ST</sup> CHOICE	2 <sup>ND</sup> CHOICE	

MAKE MONEY ORDERS PAYABLE TO: **STATE OF DELAWARE/DFS**

➤ **NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY** ◀

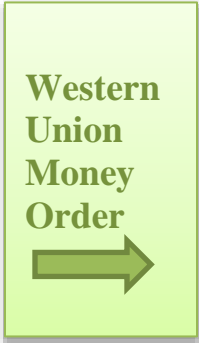

**MONEY ORDER MUST BE COMPLETED IN FULL  
INCOMPLETE MONEY ORDERS WILL BE RETURNED  
SEE BACK OF THIS FORM FOR INSTRUCTIONS**

**DETACH & MAIL REGISTRATION TO:**  
**OFFICE OF CHILD CARE LICENSING**  
**3411 SILVERSIDE ROAD – HAGLEY BUILDING**  
**WILMINGTON, DELAWARE 19810**

**\$10.00 PER PERSON**

## COMPLETING MONEY ORDERS – PRINT LEGIBLY!

**Western  
Union  
Money  
Order**



## State of Delaware/DFS

Your address

Your Legible Signature

**United  
States  
Postal  
Service  
Money  
Order**

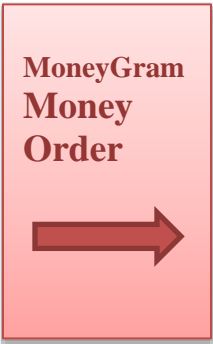



State of Delaware/DFS  
3411 Silverside Rd, Hagley Bldg  
Wilmington, DE 19810

YOUR Street Address

0.14.5

**MoneyGram  
Money  
Order**

State of Delaware/DFS

YOUR Legible Signature

YOUR address